



## Pain after stroke

### What you need to know

- › After a stroke you may experience injury pain, neuropathic pain or headaches.
- › Your treating team will work with you to identify the cause of your pain.
- › Pain can be treated with medication and a range of different treatments.

### Types of pain

**Injury pain.** If you have damage to body tissue, you feel tissue injury pain. This is also called nociceptive pain. You may feel this type of pain if you have:

- › Shoulder subluxation – your arm drops out of your shoulder socket.
- › Contracture – a muscle gets shorter, fixing a joint in one position.
- › High tone – muscles are tight and stiff.

The pain will usually be on your stroke-affected side.

**Neuropathic pain.** This is caused by damage to the brain's pain-processing pathways, rather than because of injury. It is also called central post stroke pain (CPSP) or nerve pain. This type of pain occurs more often when sensation is reduced after a stroke. The brain is used to receiving normal sensory inputs, and when it doesn't, the brain itself produces painful sensations.

CPSP may feel like burning, stabbing, pricking or numbness on the skin. It mostly occurs on the stroke-affected side of your body. Often this pain is made worse if you are touched or moved, or the affected area is placed in water. CPSP may start days, months or years after your stroke.

**Headaches.** Headaches can occur after both haemorrhagic and ischaemic strokes, however are more common after a haemorrhagic stroke.

Haemorrhagic strokes are caused by a break in the wall of a blood vessel in the brain. Irritation of the lining of the brain, or pressure on the lining, can then cause headaches. Ischaemic strokes are caused by a blood clot that blocks a blood vessel in the brain. These clots or tears in the blood vessel can then cause headaches.

Headaches can also be a side effect of medicines, and a dull, generalised headache can sometimes be part of post-stroke fatigue.

### Duration of pain

**Acute pain.** This is when pain lasts only for a short time, usually while the affected part of the body is healing. It is usually easy to know what is causing the pain, and it generally improves with treatment.

**Chronic pain.** This is when pain lasts for a longer period of time – usually three months or more. It may continue even though the affected part of the body has healed. Chronic pain often needs different treatment to acute pain.

## Treatment and recovery

Your treating team will work with you to identify the cause of your pain. They will ask you questions about where your pain is and what makes it better or worse. They may recommend different treatments, including:

**Medication.** For injury pain, non-steroidal anti-inflammatories and paracetamol may be prescribed. Local anaesthetic or steroid injections are sometimes used for shoulder pain. Opioids, which act like the chemicals your body produces to reduce pain, may also be prescribed for injury pain.

Ordinary painkillers are not usually helpful in relieving neuropathic pain. Some anti-epilepsy or anti-depressant medications can be effective in reducing the production of pain messages in the brain.

**Psychological treatments.** Psychological therapies can help you to change thoughts, beliefs and behaviours related to pain. This might include:

- › Cognitive behavioural therapy.
- › Hypnosis.
- › Attention-diversion strategies.
- › Biofeedback.
- › Stress management and relaxation techniques.

If you are experiencing depression, treating this may also reduce your pain. Poor sleep can make pain worse, so making changes to ensure good quality sleep will help.

**Electrical stimulation.** This uses electrical impulses to activate your nerves. It may be useful for shoulder subluxation pain.

**Exercise and equipment.** Your therapists may recommend exercises, positions and supportive devices to help support a painful shoulder or arm.

**Keeping active.** This is important because being active releases endorphins in your body. Endorphins are chemicals that reduce pain naturally. Try to exercise or be active within your own limits. Talk to your doctor or physiotherapist before beginning a new exercise program.

**Specialist pain management clinic.** These clinics can teach you techniques to cope with chronic pain. They can help restore your quality of life and levels of activity, even if the pain itself is not completely relieved. Your doctor can arrange access to a pain clinic if appropriate.

## More help

StrokeLine's health professionals provide information, advice, support and referral. StrokeLine's practical and confidential advice will help you manage your health better and live well.

Call 1800 STROKE (1800 787 653).

Email [strokeline@strokefoundation.org.au](mailto:strokeline@strokefoundation.org.au)

Join Australia's largest stroke community for information and support.

EnableMe: stronger after stroke  
[enableme.org.au](http://enableme.org.au)

The Pain Link telephone helpline is staffed by volunteers who live with chronic pain.  
Call 1300 340 357.



The Stroke Foundation partners with the community to prevent, treat and beat stroke. We do this through raising awareness, facilitating research and supporting stroke survivors.

Contact us

 [StrokeLine 1800 STROKE \(1800 787 653\)](tel:1800787653)

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